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DECLARATION

☒ Declaration
Submitted
With Initial FilingOR ☐ Declaration
Submitted after
Initial FilingAttorney Docket
Number

11334/005

First Named
Inventor

Harald Koellner, et al.

COMPLETE IF KNOWN

Application
Number

Filing Date

Group Art Unit

Examiner Name

As below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DEFLECTION ROLLER INSTALLATION

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56

I hereby claim foreign priority benefits under Title 35, United States Code § 19(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/D/YYYY)	Priority Not Claimed	Copy Attached?	
				YES	NO
PCT/EP03/06996	EP	07/01/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
202 10 370.6	DE	07/01/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

DECLARATION

Page 2

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Firm Name	Brinks Hofer Gilson & Lione	Payor Number (if applicable)	27879
Name	Registration Number	Name	Registration Number
A. James Richardson	26,983		
Lawrence A. Steward	32,309		
David H. Badger	22,597		
Sanders N. Hillis	45,712		

☐ Additional attorney(s) and/or agent(s) named on a supplemental sheet attached hereto.

<input checked="" type="checkbox"/> Please direct all correspondence to:	Name	A. James Richardson		
Address BRINKS HOFER GILSON & LIONE				
Address One Indiana Square, Suite 1600				
City	Indianapolis	State	Indiana	ZIP 46204
Country	U.S.A.	Telephone	317-636-0886	Fax 317-634-6701

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor		<input type="checkbox"/> A petition has been filed for this unsigned inventor.				
Given Name	Harald	Middle Initial	Family Name	Koellner	Suffix	
Inventor's Signature					Date	
RESIDENCE: City	Altenstadt	State		Country	Germany	Citizenship DE
POST OFFICE ADDRESS		Blutenstr. 15				
City	Altenstadt	State		ZIP	63674	Country Germany
				Applicant Authority		

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

DECLARATION										ADDITIONAL INVENTOR(S) Supplemental Sheet				
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor.									
Given Name	Enrico	Middle Initial		Family Name	Schliwa					Suffix				
Inventor's Signature									Date					
RESIDENCE: City		Eisenach		State			Country	Germany		Citizenship	DE			
POST OFFICE ADDRESS		Am Goldstruck 25												
City	Eisenach	State			ZIP	99817		Country	Germany		Applicant Authority			
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor.									
Given Name	Thomas	Middle Initial		Family Name	Schmelz					Suffix				
Inventor's Signature									Date					
RESIDENCE: City		Niestetal		State			Country	Germany		Citizenship	DE			
POST OFFICE ADDRESS		Bruder Grimm Str. 1												
City	Niestetal	State			ZIP	34266		Country	Germany		Applicant Authority			
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor.									
Given Name			Middle Initial		Family Name						Suffix			
Inventor's Signature									Date					
RESIDENCE: City				State			Country			Citizenship				
POST OFFICE ADDRESS														
City			State			ZIP			Country			Applicant Authority		
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor.									
Given Name			Middle Initial		Family Name						Suffix			
Inventor's Signature									Date					
RESIDENCE: City				State			Country			Citizenship				
POST OFFICE ADDRESS														
City			State			ZIP			Country			Applicant Authority		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto.														

DECLARATION

I, Neill, Mark, B. Eng., Brahmsstrasse 20/0, D-23556 Lübeck, Germany, do hereby declare that I am conversant with the English and German languages and am a competent translator thereof. I declare further that the following is a true and correct translation made by me of the text of the PCT-application with the publication number No. WO. 2004/003325 A1 and with the amended claims as amended under Article 19 PCT and any amendment of the claims during the International Preliminary Examination procedure.

Date: 13-12-2004


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NEILL, Mark